

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14785

State File No.

FILED MAY 18 1955

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 299	
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE			
b. CITY OR TOWN POPLAR BLUFF		c. LENGTH OF STAY (in this place) 2 DAYS		c. CITY OR TOWN PIEDMONT		110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) OSCAR		c. (Last) SHEETS		4. DATE OF DEATH (Month) (Day) (Year) MAY 2 55	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 29, 1882	
9. AGE (in years last birthday) 72		10. MONTHS 11		11. DAYS 3		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William SHEETS		13b. MOTHER'S MAIDEN NAME BETTY ANN HUGHES		14. NAME OF HUSBAND OR WIFE BERTHA SHEETS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 491-36-3754		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERTHA SHEETS PIEDMONT, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 2, 1955, to May 2, 1955, that I last saw the deceased alive on May 2, 1955, and that death occurred at 6:00 am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. E. H. Henshaw, M.D.				23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 5-9-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/6/55		24c. NAME OF CEMETERY OR CREMATORY MASONIC		24d. LOCATION (City, town, or county) (State) PIEDMONT, MO.	
DATE REC'D BY LOCAL REG. 5/11/55		REGISTRAR'S SIGNATURE R. H. Muntree		25. FUNERAL DIRECTOR'S SIGNATURE William E. G. G. G.		ADDRESS PIEDMONT MO.	

497-0 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 16 1955

BUTLER CO. HEALTH CENTER

FILE No: \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Cocher Funeral Home*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*William Cochrer*

Licensed Embalmer No.

*3723*

P. O. Address

*Cedmont, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.